

## **Media Credentials Application**

For Immediate Release January 19, 2006 Contact: (916) 445-4950

The execution of Michael Angelo Morales, convicted of one count of first-degree murder with the special circumstance of lying in wait in the death of Terri Lynn Winchell in Ventura County (a change of venue from San Joaquin County where the murder occurred), is set by court order for February 21, 2006, at San Quentin State Prison.

For media credentials, mail this completed form along with a written request signed by the news department manager on company letterhead by *February 8, 2006*.

Please note: Credentials will be issued only to media representatives as defined by the California Code of Regulations Title 15 section 3000: "Media representative means a print, wire service or broadcast reporter and their technical crew. A freelance writer with assignment verification in the form of a letter from the represented outlet is also a media representative."

Name/Title of Person Requesting Crede	ential			
Out of the				
Organization				
Address				
City		State	Zip	
E-mail Address				
Telephone	Fax			
Signature				

I am requesting media credentiname(s) of the proposed representation number including state of issuance and note: all information requested must confidence. Please check off the bosecondary denotes priority assignment	ives, their d expiratio be includ xes on th	r titles, their dates of birth, on date, and social security r led. All information will be e right, as needed or desir	driver's license number. * Please held in strictest
	<i>Witn</i> ess	□ Access to Media Center	•
Full legal name		□ Primary □ Secondary	<ul><li>□ Primary</li><li>□ Secondary</li></ul>
Date of Birth		,	,
Social Security Number			
Drivers License # including state of issue			
Position in organization			
_	Witness	□ Access to Media Cente	r - Fnaineer
Full legal name	WithCoo	□ Primary □ Secondary	□ Primary □ Secondary
Date of Birth		- Goodhaary	- Occomany
Social Security Number			
Drivers License # including state of issue			
Position in organization			
_	Witness	- Access to Modia Conto	r – Engineer
Full legal name	Withess	<ul> <li>□ Access to Media Center</li> <li>□ Primary</li> <li>□ Secondary</li> </ul>	□ Primary
Date of Birth		□ Secondary	□ Secondary
Social Security Number			
Drivers License # including state of issue			
Position in organization			

	□ Witness	□ Access to Media Center	
Full legal name		<ul><li>□ Primary</li><li>□ Secondary</li></ul>	<ul><li>□ Primary</li><li>□ Secondary</li></ul>
Date of Birth		□ Secondary	□ Secondary
Social Security Number			
Drivers License # including state of issue			
Position in organization			
Full legal name	Witness	<ul><li>□ Access to Media Center</li><li>□ Primary</li></ul>	r □ Engineer □ Primary
ruii iegai Hame		□ Secondary	□ Secondary
Date of Birth		,	,
Social Security Number			
Drivers License # including state of issue			
Position in organization			
What are your needs?			
□ I require parking near the media	center for	a satellite or microwave veh	iicle
truck description		dimensions	
<ul><li>I need stock photographs</li><li>I need b-roll format</li></ul>			
If a pool is necessary, I can assist with	(please ch	neck all that apply)	
<ul><li>□ an audio feed</li><li>□ a visual feed</li><li>□ still photographs</li></ul>			
Mail this completed form along with	a writter	n request signed by the no	ewe denartmen

Mail this completed form along with a written request signed by the news department manager on company letterhead by *February 8, 2006* (postmark of February 8) to:

CDCR Press Office 1515 S Street, Room 113 South P.O. Box 942883 Sacramento, CA 94283-001

Call (916) 445-4950 if you have any questions.